EXHIBIT 300-1

AHCCCS COVERED SERVICES ACUTE CARE

EXHIBIT 300-1 AHCCCS COVERED SERVICES ACUTE CARE*

SERVICES	TITLE XIX	TITLE XXI	
	<21	<u>></u> 21	<19
Audiology	X	X	X
Behavioral Health	SEE	Ехнівіт	300-2
Breast Reconstruction After Mastectomy	X	X	X
Chiropractic Services	X		X
Cochlear Implants	X	X	X
Dental Services			
Emergency Dental Services	X	X	X
Medically Necessary Dentures	X	X	X
Preventive & Therapeutic	X		X
Dialysis	X	X	X
Emergency Services-Medical	X	X	X
Eye Examination/Optometry			
Emergency Eye Exam	X	X	X
Vision Exam/Prescriptive Lenses	X		X
Lens Post Cataract Surgery	X	X	X
Treatment for Medical Conditions of the Eye	X	X	X
Health Risk Assessment & Screening Tests (over 21)		X	
HIV/AIDS Antiretroviral Therapy	X	X	X
Home Health Services	X	X	X
Hospice	X	X	X
Hospital Services			
Inpatient Medical	X	X	X
Observation	X	X	X
Outpatient Medical	X	X	X
Hysterectomy (medically necessary)	X	X	X
Immunizations	X	X	X
Laboratory	X	X	X
Maternal & Child Health Services			
Maternity Services	X	X	X
Family Planning	X	X	X
Early and Periodic Screening, Diagnosis and Treatment (Medical Services)	X		X
Other Early and Periodic Screening, Diagnosis and Treatment Services Covered By Title XIX	X		X

See Chapter 300 for age and service delivery site restrictions, scope and time limitations, provider specialty requirement and eligibility limitations.

REV: 10/01/2007, 10/01/2001, 01/01/2001

See Chapter 400 for Maternal and Child Health Service restrictions and limitations. See Chapter 800 for FFS/PA requirements.

See Chapter 1100 for covered services for the Emergency Services Program (ESP).

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SERVICES	TITLE XIX		TITLE XXI
	<21	≥ <u>21</u>	<19
Medical Foods	X	X	X
Medical Supplies/Equipment			
Durable Medical Equipment	X	X	X
Medical Supplies	X	X	X
Prosthetic/Orthotic Devices	X	X	X
Nursing Facilities (up to 90 days)	X	X	X
Non-Physician First Surgical Assistant	X	X	X
Physician Services	X	X	X
Podiatry	X	X	X
Prescription Drugs	X	X	X
Primary Care Provider Services	X	X	X
Private duty nursing	X	X	X
Radiology and Medical Imaging	X	X	X
Rehabilitation Therapies			
Occupational Therapy - Inpatient	X	X	X
Occupational Therapy - Outpatient	X		X
Physical Therapy	X	X	X
Speech Therapy - Inpatient	X	X	X
Speech Therapy - Outpatient	X		X
Respiratory Therapy	X	X	X
Total Outpatient Parenteral Nutrition	X	X	X
Transplantation			
Non-Experimental transplants approved for Title XIX reimbursement	X	X	X
Related immunosuppressant drugs	X	X	X
Transportation - Emergency	X	X	X
Transportation - Non-emergency	X	X	X
Triage	X	X	X

REV: 10/01/2007, 10/01/2001, 01/01/2001

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